

2016 RFP Questions/Answers

1) Is keeping record electronically in our EMR meet the standard of keeping the Federal Defendant records separate than our other records?

The Statement of Work allows for vendors to maintain an electronic file. As for the requirement to keep federal files segregated, records should be held in a separate folder, disk, or other media source. In addition, they need to comply with the HIPAA electronic security requirements.

2) Can we use the ASAM for the substance abuse intake assessment report?

The assessment must be a structured diagnostic instrument. Please refer to Section C.10, 3(a) of the RFP.

3) In your experience, how often do vendor staff have to testify in regards to a defendant?

Only in rare circumstances.

4) If a defendant is prescribed medication, how is the medication paid for?

The defendant is responsible for the payment of medication through insurance or alternate means.

5) Do the defendants have third party insurance and if yes, can a vendor bill the insurance for other services not covered under the required services of the RFP?

Please refer to Section G.4a-c in the RFP.

6) Do the defendants have to be accepted into the inpatient/residential treatment program right away or can they be put on the waiting list if there is a waiting list? Same with the psychiatric evaluation – does the defendant need to be evaluated right away or is being placed on a waiting list for the psychiatric evaluation acceptable?

In an effort to protect the community by providing outpatient treatment, the vendor shall have the capability to immediately place Federal clients in outpatient or urine surveillance without regard to any placement backlog or waiting lists. Recognizing the problems of limited bed space, vendors shall place referrals for residential placements in the first available bed space. Please refer to Section F.1a-f.

7) Can the defendants be mixed with other vendor clients for groups and inpatient/residential treatment?

Yes, Federal defendants can be mixed with other vendor clients.

8) Are the 18 months of monitoring reports required for the whole organization or just on behalf of the program a vendor is applying for?

The background statement of the offer shall: provide copies of all monitoring reports for the previous 18 months from all federal (including current USPO and USPSO), state and local agencies for the locations solicited. If the vendor is not able to provide copies of monitoring reports, the vendor shall provide copies of certificates or letters from federal, state, or local agencies indicating that the vendor has had a satisfactory or higher rating for the previous 18 months. If the vendor is not able to provide copies of monitoring reports, certifications or letters due to a private practice, the vendor must expressly state so in its proposal for this area. To be considered technically acceptable a vendor must have received ratings of satisfactory or higher or have expressly stated in its proposals that it is a private practice and does not have access to monitoring reports, certificates or letters. If a vendor has many locations or different services throughout an area, they only need to submit the monitoring reports for the specific locations proposed in their response. Monitoring reports for proposed subcontractors are not required; however, onsite evaluations will be individually performed for all subcontractors. Refer to Section L3.2a in the RFP.

9) If a defendant needs additional services beyond what is covered in the RFP, and the vendor can provide those services, can the vendor refer the client to another program within the vendor's organization to receive those services or does the vendor have to notify Probation or Pretrial services and then Probation/Pretrial services refer the defendant to an additional vendor?

Yes, defendants can be referred for additional services from the vendor. This information should be noted on a monthly treatment report as it would be part of the treatment records and goals.

10) In regards to project code 1201 in the Inpatient/Residential, Mental Health Treatment, and Substance Abuse Treatment RFPs. It says we can charge an administrative fee for Defendant Transportation Expenses. Does this include the cost of just arranging transportation or can we also use that billing code to charge for the staff person's time if the site is not on a bus route and a vendor's staff has to pick up and drop off the defendant? I know that 1401 covers the cost of the incurred mileage, but we couldn't tell if the 1201 would be charged to cover the time associated with a staff person doing them transportation.

Defendant/Offender Transportation Expenses (1202) for defendant/offender transportation to and from treatment facilities:

- (1) For eligible defendants/offenders who the USPO/USPSO determines are unemployed or unable to pay transportation prices,**
- (2) That the USPO/USPSO authorizes and approves, and**
- (3) That does not exceed the price of public transportation via the most direct route.**

If public transportation is not available, the vendor must seek prior approval from the contracting officer or designee for reimbursement of alternative means of transportation accordance with the Judiciary Travel

Regulations (JTR).

The vendor may charge an Administrative Fee (1201) for Defendant/Offender Transportation Expenses (1202) which is a reasonable monthly fee to administer transportation expense funds, not exceeding five (5) percent of the monthly funds distributed under Defendant/Offender Transportation Expenses (1202).

Refer to Section L7a in the substance abuse RFP.

11) Mental Health Treatment RFP: Individual Counseling indicates 173 30-minute sessions estimated monthly quantity. For Mental Health Intake Assessment and Report, it indicates 1 report estimated monthly quantity. Is that 1 report total per 173 estimated monthly quantity listed above? Also, is the 173 total for all 4-6 vendors combined or will each vendor see an estimated 173?

Units are based on 30 minute increments. As such, a typical one hour of counseling is 2 units. Therefore, the total number of counseling sessions (approximately one hour) per week for all clients would be approximately 86 sessions. An intake and assessment is not done on every referral, only upon request for a specific client if needed. As such, the estimated monthly quantity is one assessment per month. The 173 units (approximately 86 one hour sessions) total is for all 4-6 vendors combined.

12. Drug Treatment RFP: Same as above- Intake Assessment and Report says 1. Case management indicates 6, Clinical Group 6, etc. Are those numbers per referred defendant or a total of all of those specific services for the month?

The numbers are the estimated monthly quantities are for all of those specific services each month, not per referred defendant/offender.

13. Inpatient Treatment RFP: Case Management is listed as 2. Is that 2 defendants receiving Case Management Services (or rather 2 total case management services conducted during the month) or 2 Sessions of Case Management Services per referred defendant?

Same as above, the numbers are the estimated monthly quantities for those services each month not per referred defendant.

14. Do you want an original and one copy or an original and 2 copies as stated in the letter?

An original and one copy.

15. What curriculum do you prefer for group CBT?

The specific curriculum utilized by the vendor must be designed to address substance abuse issues and must be approved in advance by the contracting officer or designee. The applicable course materials shall be provided by the vendor and included in the price for this service.

